

215.61

Nutrition Risk Definitions

Overview	This policy provides the detailed definitions for the risk criteria used by the Iowa WIC Program.
Self-reporting of nutrition risk	<p>Self-reporting of a current condition, a past diagnosis of a condition, or a history of a condition by a WIC applicant is acceptable. Self-reporting of a medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions about the diagnosis and treatment plan.</p> <p><u>Note:</u> Self-reporting should not be confused with self-diagnosis where a person simply claims to have or have had a medical condition without any reference to professional diagnosis.</p>
Documentation of medical diagnoses	When an applicant self-reports a diagnosis, it is not necessary to obtain documentation of that diagnosis from a physician or psychologist but should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. There may also be instances when it is appropriate to request pertinent medical or nutrition information to support the nutrition risk determination and to assist WIC in providing an appropriate nutritional plan of care. Reports or documentation of diagnosis are also acceptable from a physician or someone working under the physician's orders, including nurses and physician's assistants. See Policy 245.24 for information about requesting this information from a participant's health care provider.
Referral diagnoses	It is not necessary to review or validate referral diagnoses against the definitions listed in this policy.
Definition of physician	Non-traditional health care providers such as shamans, acupuncturists, chiropractors, or holistic health advisors are not considered physicians for purposes of this policy.

Continued on next page

Nutrition Risk Definitions, Continued

Certifying on the basis of other medical conditions

Some definitions of nutrition-related medical conditions include a non-exhaustive list of potential conditions (e.g., 348=Central nervous system disorders). If a WIC applicant reports a condition that is not included in this policy, the Competent Professional Authority must do the following:

- Document in the applicant's record how the condition in question interferes with food consumption, nutrient absorption or compromises nutritional status, and
- Forward information about the condition and any justification demonstrating its impact on nutritional status to the State Office for review and forwarding to USDA/FNS.

Note: While most medical conditions have an impact on nutritional status, some conditions do not. For purposes of eligibility, the impact of the medical condition on nutritional status must be clearly documented.

Definitions

Detailed definitions for each risk criterion used by the Iowa WIC Program are listed on the following pages. The tables:

- List the risk codes in numerical order using the USDA numbers,
- Provide the full definition of the risk, and
- Identify the participant categories covered by each risk.

Note: For selected medical risks and selected dietary risks, an alpha character also appears with the USDA number. This character has been added to facilitate state reporting and tracking of specific risks and nutrition practices.

Policy reference

- Policy Memorandum 2011-5: WIC Nutrition Risk Criteria
 - Policy Memorandum 98-9-P: Nutrition Risk Criteria, Revisions 2 - 10
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USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
101	Underweight/women: <u>Pregnant —</u> Prepregnancy BMI <18.5 <u>Breastfeeding <6 months postpartum & postpartum —</u> Prepregnancy BMI <18.5 <u>or</u> current BMI <18.5 <u>Breastfeeding 6 months postpartum or more —</u> Current BMI <18.5	X											X
103a	At risk of underweight/infants & children: <ul style="list-style-type: none"> <24 months — >2.3rd percentile and ≤5th percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts* ≥24 months — >5th percentile and ≤10th percentile BMI-for-age as plotted on the 2000 CDC age/gender specific growth charts <i>*For the Birth to <24 months “underweight” definition, CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific hard copy growth charts. Electronic charts should use the 2.3rd percentile as the cut-off.</i>						X			X			
103b	Underweight/infants & children: <ul style="list-style-type: none"> <24 months — ≤2.3rd percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts* ≥24 months — ≤5th percentile BMI-for-age as plotted on the 2000 CDC age/gender specific growth charts <i>*For the Birth to <24 months “underweight” definition, CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific hard copy growth charts. Electronic charts should use the 2.3rd percentile as the cut-off.</i>						X			X			

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		I	IV	I	II	IV	I	II	IV	III	V	III	VI
111	Overweight/women: <ul style="list-style-type: none"> • Pregnant women — Prepregnancy BMI ≥ 25.0 • Breastfeeding <6 months postpartum & postpartum — Prepregnancy BMI ≥ 25.0 <u>Breastfeeding 6 months postpartum or more —</u> Current BMI ≥ 25.0	X											X
113	Obese ≥ 24 months old: <ul style="list-style-type: none"> • $\geq 95^{\text{th}}$ percentile BMI, or • Weight-for-stature as plotted on the 2000 CDC 2-20 years gender specific growth charts <i>*The cut off is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk.</i>									X			
114	Overweight or at risk of overweight (infants & children): Infants: <ul style="list-style-type: none"> • <12 months (infant of obese mother) – Biological mother with a BMI ≥ 30 at the time of conception or at any point in the first trimester of pregnancy* <i>*BMI must be based on self-reported weight and height by the parent in attendance (i.e., one parent may not “self-report” for the other parent) or weight and height measurements taken by staff at the time of certification.</i> Overweight/children ≥ 24 months: <ul style="list-style-type: none"> • $\geq 85^{\text{th}}$ and <95th percentile BMI-for-age, or • Weight-for-stature as plotted on the 2000 CDC 2-20 years gender specific growth charts <i>*The cut off is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk.</i>						X			X			

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
115	High weight-for-length birth to < 24 months $\geq 97.7^{\text{th}}$ percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts <i>*CDC labels the 97.7th percentile as the 98th percentile on the hard copy Birth to 24 months gender specific growth charts. Electronic charts should use the 97.7th percentile as the cut-off.</i>						X			X			
121a	At risk for short stature: <ul style="list-style-type: none"> <24 months — $>2.3^{\text{rd}}$ percentile and $\leq 5^{\text{th}}$ percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts* ≥ 24 months — $>5^{\text{th}}$ percentile and $\leq 10^{\text{th}}$ percentile stature-for-age as plotted on the 2000 CDC age/gender specific growth charts <i>*CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months hard copy gender specific growth charts. Electronic charts should use the 2.3rd percentile as the cut-off.</i>						X			X			
121b	Short stature: <ul style="list-style-type: none"> <24 months - $\leq 2.3^{\text{rd}}$ percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts* ≥ 24 months - $\leq 5^{\text{th}}$ percentile stature-for-age as plotted on the 2000 CDC age/gender specific growth charts <i>*CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months hard copy gender specific growth charts. Electronic charts should use the 2.3rd percentile as the cut-off.</i>						X			X			

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
131	Low maternal weight gain: Defined as a low rate of weight gain such that in the 2 nd and 3 rd trimesters for <u>singleton pregnancies</u> — <ul style="list-style-type: none"> • Underweight women gain <1 lb./week • Normal weight women gain <0.8 lb./week • Overweight women gain <0.5 lb./week • Obese women gain <0.4 lb./week OR Using an IOM-based weight gain grid, a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category	X											
132	Maternal weight loss during pregnancy: <ul style="list-style-type: none"> • Any weight loss below prepregnancy weight, or • Weight loss ≥ 2 lb. in 2nd or 3rd trimesters (14-40 wks) 	X											

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
133	High maternal weight gain (for singleton pregnancies): <u>Pregnant women —</u> Defined as a high rate of weight gain such that in the 2 nd and 3 rd trimesters: <ul style="list-style-type: none"> • Underweight women gain more than 1.3 lb./week • Normal weight women gain more than 1 lb./week • Overweight women gain more than 0.7 lb./week • Obese women gain more than 0.6 lb./week OR Using an IOM-based weight gain grid, a pregnant woman's weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category <u>Breastfeeding & postpartum women —</u> Weight gain in most recent pregnancy exceeded these levels based on prepregnancy BMI: <ul style="list-style-type: none"> • Underweight >40 lb. • Normal weight >35 lb. • Overweight >25 lb. • Obese >20 lb. 	X		X									X
134	Failure to thrive						X			X			
135	Inadequate growth/children ≥18 months: Weight gain for 6 month interval (+/- 2 wks) <1 lb.									X ≥18 mo			
141a	Low birth weight: ≤5.5 lb.						X			X <24 mo			
141b	Very low birth weight: ≤ 3 lb. 5 oz.						X			X <24 mo			
142	Prematurity: Birth at ≤37 wks gestation						X			X <24 mo			
153	Large for gestational age: ≥9 lbs.						X						

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
201	Low hemoglobin/hematocrit: <u>Infants & children 6-23 months old —</u> • Hgb <11.0 gms <u>Children 2-5 years old —</u> • Hgb <11.1 gms <u>Pregnant women —</u> • Hgb <11.0 gms (for wks 0-13, 27-40+) • Hgb <10.5 gms (for wks 14-26) <u>Breastfeeding & postpartum women —</u> • Hgb <11.8 gms (for women 12-14 yrs) • Hgb <12.0 gms (for women 15-17 yrs) • Hgb <12.0 gms (for women ≥18 yr)	X					X			X			
211	Elevated blood lead level: ≥5 ug/dl in the last 12 mo.	X		X			X			X			X
301	Hyperemesis gravidarum: Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.	X											
302	Gestational diabetes: Any degree of glucose or carbohydrate intolerance with onset or first recognition during pregnancy	X											
303	History of gestational diabetes <u>Note:</u> For breastfeeding and postpartum women, with most recent pregnancy.	X		X									X

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
304	History or preeclampsia <u>Note:</u> For breastfeeding and postpartum women, with most recent pregnancy	X		X									X
311	History of preterm delivery: Birth of infant at ≤ 37 wks <u>Note:</u> For breastfeeding and postpartum women, with most recent pregnancy.	X		X									X
312	History of low birth weight infant: ≤ 5.5 lbs. <u>Note:</u> For breastfeeding and postpartum women, with most recent pregnancy.	X		X									X
321a	History of spontaneous abortion, fetal or neonatal loss: <ul style="list-style-type: none"> • Spontaneous abortion = spontaneous termination at < 20 wks or < 500 grams • Fetal death = spontaneous termination at ≥ 20 weeks • Neonatal death = death of infant before 28 days of life <u>Pregnant women — assign risk if:</u> <ul style="list-style-type: none"> • ≥ 2 spontaneous abortions <i>or</i> any history of fetal or neonatal death 	X											
321b	<u>Breastfeeding women — assign risk if:</u> <ul style="list-style-type: none"> • Most recent pregnancy was a multifetal gestation with ≥ 1 fetal <i>or</i> neonatal deaths but with 1 or more infants still living 												
321c	<u>Postpartum women — assign risk if:</u> <ul style="list-style-type: none"> • Most recent pregnancy ended with a spontaneous abortion, a fetal loss <i>or</i> a neonatal death 												X

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum													
		I	IV	I	II	IV	I	II	IV	III	V	III	VI												
331 331a 331b	Pregnancy at young age: ≤17 years at time of conception. Because actual date of conception is difficult to determine, the applicant’s age at the last menstrual period may be used to determine pregnancy before her 18 th birthday. • LMP before age 16 years • LMP at age 16 or 17 years <u>Note:</u> For breastfeeding and postpartum women, with most recent pregnancy.	X		X								X													
332	Short Interpregnancy Interval: Conception <18 mo from the date of a live birth to the conception of the subsequent pregnancy. <u>Note:</u> For breastfeeding and postpartum women, with most recent pregnancy.	X		X									X												
334	Lack of adequate prenatal care: First prenatal visit ≥13 wks or inadequate number of visits as follows: <table><tr><td><u>Wks gestation</u></td><td><u>Inadequate if # visits is:</u></td></tr><tr><td>14-21</td><td>0</td></tr><tr><td>22-29</td><td>≤1</td></tr><tr><td>30-31</td><td>≤2</td></tr><tr><td>32-33</td><td>≤3</td></tr><tr><td>34+</td><td>≤4</td></tr></table>	<u>Wks gestation</u>	<u>Inadequate if # visits is:</u>	14-21	0	22-29	≤1	30-31	≤2	32-33	≤3	34+	≤4	X											
<u>Wks gestation</u>	<u>Inadequate if # visits is:</u>																								
14-21	0																								
22-29	≤1																								
30-31	≤2																								
32-33	≤3																								
34+	≤4																								
335	Multifetal gestation: More than 1 fetus in a current pregnancy <u>or</u> the most recent pregnancy for breastfeeding and postpartum women	X		X									X												
336	Fetal growth restriction: Usually defined as fetal weight <10 th percentile for gestational age.	X																							

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337	History of large for gestational age birth: ≥ 9 lbs. <u>Note:</u> For breastfeeding and postpartum women, with most recent pregnancy.	X		X									X
338	Pregnant woman currently breastfeeding	X											
339	History of birth with nutrition related congenital or birth defect: A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutrition intake such as inadequate zinc, inadequate folic acid, or excess vitamin A. Includes neural tube defects and cleft palate or lip. <u>Note:</u> For breastfeeding and postpartum women, with most recent pregnancy.	X		X									X
341	Nutrient deficiency disease: Caused by insufficient dietary intake of macro and micro nutrients. Includes but is not limited to: <div style="display: flex; flex-wrap: wrap;"> <div style="flex: 1; min-width: 200px;"> <ul style="list-style-type: none"> • Protein energy malnutrition • Scurvy • Rickets • Beri beri • Hypocalcemia </div> <div style="flex: 1; min-width: 200px;"> <ul style="list-style-type: none"> • Osteomalacia • Vitamin K deficiency • Pellagra • Cheilosis • Menkes Disease • Xerophthalmia </div> </div> <u>Note:</u> Does not include iron deficiency.	X		X			X			X			X

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
342	Gastrointestinal disorder: Disorders that interfere with the intake, digestion or absorption of nutrients include but are not limited to: <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD). • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease (including ulcerative colitis or Crohn's disease) • Liver disease • Pancreatitis • Biliary tract disease 	X		X			X			X			X
343	Diabetes mellitus: A group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.	X		X			X			X			X
344	Thyroid disorders: hyperthyroidism, hypothyroidism, congenital hyperthyroidism, congenital hypothyroidism, postpartum thyroiditis	X		X			X			X			X
345	Hypertension and Prehypertension: Includes chronic and pregnancy-induced	X		X			X			X			X
346	Renal disease: Includes pyelonephritis and persistent proteinuria, but excludes urinary track infections involving the bladder.	X		X			X			X			X
347	Cancer: A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biological restraints. Where the current condition or its treatment is severe enough to affect nutritional status.	X		X			X			X			X

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
348	Central nervous system disorders: Conditions which affect energy requirements and may affect the individual's ability to feed self that alter nutritional status metabolically, mechanically, or both. Includes but is not limited to: <ul style="list-style-type: none"> • Epilepsy, • Cerebral palsy, • Neural tube defects such as spina bifida or myelomeningocele, • Parkinson's disease, and • Multiple sclerosis (MS). 	X		X			X			X			X
349	Genetic and congenital disorders: Hereditary or congenital condition at birth that causes physical or metabolic abnormality where the current condition alters nutrition status metabolically, mechanically, or both. Includes but is not limited to: <ul style="list-style-type: none"> • Cleft lip or palate, • Down's syndrome, • Thalassemia major, • Sickle cell anemia (not sickle cell trait), and • Muscular dystrophy. 	X		X			X			X			X

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
351	Inborn error of metabolism: Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: <ul style="list-style-type: none"> • Amino acid disorders • Organic acid metabolism disorders • Fatty acid oxidation disorders • Lysosomal storage diseases • Urea cycle disorders • Carbohydrate disorders • Peroxisomal disorders • Mitochondrial disorders 	X		X			X			X			X
352	Infectious disease: Disease must be present within past 6 months and severe enough to affect nutritional status. Includes but is not limited to: <ul style="list-style-type: none"> • Tuberculosis • Pneumonia • Meningitis • Parasitic infections • Hepatitis • Bronchiolitis (≥3 episodes in last 6 mo) • HIV • AIDS 	X		X			X			X			X
353	Food allergies: Food allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.	X		X			X			X			X
354	Celiac disease: An autoimmune disease precipitated by the ingestion of gluten that result in damage to the small intestine and malabsorption of the nutrients from food. Also known as celiac sprue, gluten-sensitive enteropathy, and non-tropical Sprue.	X		X			X			X			X

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		I	IV	I	II	IV	I	II	IV	III	V	III	VI
355	Lactose intolerance: Syndrome of one or more of the following —diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion.	X		X			X			X			X
356	Hypoglycemia	X		X			X			X			X
357	Drug-nutrient interactions: Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised. <u>Note:</u> Abuse of legal drugs, such as over-the-counter medications, may be applied under this risk if the abuse can be documented to interfere with nutrient intake or absorption to an extent that nutritional status is compromised.	X		X			X			X			X
358	Eating disorders: Anorexia nervosa and bulimia. Symptoms are manifested by abnormal eating patterns including but not limited to: <ul style="list-style-type: none"> • Self-induced vomiting • Purgative abuse • Use of drugs such as appetite suppressants, thyroid preparations or diuretics • Alternating periods of starvation • Self-induced marked weight loss <u>Note:</u> The CPA may document evidence of disorders.	X		X									X
359	Recent major surgery (including C-sections), trauma, or burns: Severe enough to compromise nutritional status. <u>Note:</u> Any occurrence ≤ 2 mo may be self-reported. Occurrences >2 mo ago must have continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.	X		X			X			X			X

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		I	IV	I	II	IV	I	II	IV	III	V	III	VI
360	Other medical conditions: Other conditions or diseases with nutritional implications where condition or treatment is severe enough to affect nutritional status. Includes but is not limited to: <ul style="list-style-type: none"> • Juvenile rheumatoid arthritis • Heart disease • Lupus erythematosus • Cystic fibrosis • Cardiorespiratory diseases requiring daily medication • Persistent asthma 	X		X			X			X			X
361	Depression: Presence of clinical depression, including postpartum depression. Diagnosed, documented or reported by a physician, clinical psychologist, or someone working under physician's orders, or as self-reported by applicant/participant/caregiver.	X		X									X
362	Developmental delays, sensory or motor delays interfering with the ability to eat: Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes but is not limited to: <ul style="list-style-type: none"> • Minimal brain function, • Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism, • Birth injury, • Head trauma, • Brain damage, and • Other disabilities. 	X		X			X			X			X
363	Pre-Diabetes: Impaired fasting glucose and/or impaired glucose tolerance. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.			X									X

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		I	IV	I	II	IV	I	II	IV	III	V	III	VI
371	Maternal smoking: Any smoking of tobacco products including cigarettes, pipes, or cigars.	X		X									X
372a	Alcohol use: <u>Pregnant women —</u> • Any use <u>Breastfeeding and postpartum women —</u> • Routine current use of ≥ 2 drinks per day (a serving is 1 can of beer, 5 oz wine, 1 ½ fluid ounces of liquor), or • Binge drinking: drinks ≥ 5 drinks on the same occasion on at least 1 day in the past 30 days, or • Heavy drinking: drinks ≥ 5 drinks on the same occasion on ≥ 5 days in the previous 30 days.	X		X									X
372b	Illegal drug use: Any use of illegal drugs <u>Note:</u> Tobacco is not considered an illegal drug under this risk code.	X		X									X
381	Oral Health Conditions: Oral health conditions include, but are not limited to: • Dental caries, often referred to as “cavities” or “tooth decay”, • Periodontal diseases which is classified by the severity of the disease; gingivitis is a milder and reversible form while destructive forms are called periodontitis, and • Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality. <u>Note:</u> Diagnosed, documented or reported by a physician, dentist or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver.	X		X			X			X			X

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		I	IV	I	II	IV	I	II	IV	III	V	III	VI
382	Fetal alcohol syndrome (FAS): FAS is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation.						X			X			
401	Failure to meet <i>Dietary Guidelines for Americans</i>: Based on the individual's estimated energy needs, the risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). May be assigned to participants ≥ 2 years old when a complete nutrition assessment has been done <u>and</u> no other medical nutrition risks or dietary risks have been assigned.		X			X					X Only ≥ 2 yrs		X
411	Inappropriate nutrition practices for infants: Routine use of feeding practices that may result in impaired nutrient status, disease or health problems. Includes the following practices:												
411a	Primary Nutrient Source Inappropriate: Routinely using a substitute(s) for human milk or FDA-approved iron-fortified formula as the primary nutrient source during the first year of life. Examples of inappropriate substitutes include: <ul style="list-style-type: none"> • Low iron formula without iron supplementation • Cow's milk, goat's milk, sheep's milk (whole, reduced fat, low-fat, skim); canned evaporated or sweetened condensed milk • Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or other "homemade concoctions." 								X				

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411b	Routinely using nursing bottles or cups improperly: Including the following practices: <ul style="list-style-type: none"> • Using a bottle to feed fruit juice. • Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. • Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime. • Allowing the infant to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. • Propping the bottle when feeding. • Allowing an infant to carry around and drink throughout the day from a covered or training cup. • Adding any food (cereal or other solid foods) to the infant's bottle. 								X				
411c	Inappropriate Complimentary Foods: <ul style="list-style-type: none"> • Early introduction of solid foods: Any food other than human milk or iron-fortified infant formula before 4 months of age. • Sugar/corn syrup added to beverage/food/pacifier: Adding sweet agents such as these to any beverage (including water) or prepared food, or used on a pacifier. 								X				

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		I	IV	I	II	IV	I	II	IV	III	V	III	VI
411d	Feeding practices disregard developmental needs: <ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant's hunger cues). • Feeding foods of inappropriate consistency, size or shape that puts infant at risk of choking. • Not supporting an infant's need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding an infant food with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods.) 								X				
411e	Potentially contaminated foods: Feeding foods to an infant that could be contaminated with harmful microorganisms including: <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice; • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; • Raw or undercooked meat, fish, poultry, or eggs; • Raw vegetable sprouts (alfalfa, clover, bean, and radish); and • Deli meats, hot dogs, and processed meats (must be heated until steaming hot to be safe). • Consuming honey: Added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc. 								X				

411f	Inappropriately diluted formula: <ul style="list-style-type: none"> • Failure to follow manufacturer's dilution instructions (to include stretching formula for household economic reasons). • Failure to follow specific instructions accompanying a prescription. 								X				
411g	Inappropriate frequency of breastfeeding: <ul style="list-style-type: none"> • Scheduled feedings instead of demand feedings. • <8 feedings/24 hours if <2 months old • <6 feedings/24 hours if 2-6 months old 								X				

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		I	IV	I	II	IV	I	II	IV	III	V	III	VI
411h	Diet very low in calories or essential nutrients: <ul style="list-style-type: none"> • Vegan diet • Macrobiotic diet • Other diets very low in calories or essential nutrients. 								X				
411i	Inadequate sanitation resources or practices: <ul style="list-style-type: none"> • Limited or no access to a: <ul style="list-style-type: none"> – Safe water supply (documented by appropriate officials) – Heat source for sterilization, and/or – Refrigerator or freezer for storage. • Failure to prepare, handle, and store bottles, storage containers or breast pumps properly; examples include: <p><u>Unsafe practices for human milk include:</u></p> <ul style="list-style-type: none"> • Thawing in the microwave • Refreezing • Adding freshly expressed unrefrigerated human milk to frozen human milk • Adding refrigerated human milk to frozen human milk in an amount that is greater than the amount of frozen human milk. • Feeding thawed human milk more than 24 hours after it was thawed. • Saving human milk from a used bottle for another feeding. • Failure to clean breast pump per manufacturer's instruction. <p><u>Unsafe practices include feeding formula that :</u></p> <ul style="list-style-type: none"> • Storing at room temperature for more than 1 hour. • Failure to store prepared formula per manufacturer's instructions. • Using formula in a bottle one hour after the start of a feeding. • Saving formula from a used bottle for another feeding. • Failure to clean baby bottle properly. 								X				

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
411j	Potentially harmful dietary supplements: Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences: <ul style="list-style-type: none"> • Single or multi-vitamins • Mineral supplements • Herbal or botanical supplements, remedies, and teas 								X				
411k	Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements. <ul style="list-style-type: none"> • Inadequate fluoride intake: Infants ≥ 6 months who are ingesting < 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride • Inadequate vitamin D intake: Any infant (breastfed and non-breastfed) ingesting < 1 quart (32 oz.) per day of vitamin D-fortified formula <u>and</u> not taking a supplement of 400 IU vitamin D/day. 								X				

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
425	Inappropriate nutrition practices for children: Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. Includes the following practices:												
425a	Routinely feeding inappropriate beverages as the primary milk source. <ul style="list-style-type: none"> Reduced fat milk before 24 months: Feeding non-fat or reduced-fat milks between 12-24 months, unless allowed by state agency policy for a child for whom overweight or obesity is a concern. Inappropriate imitation or substitute milk: Routine feeding as primary milk source of beverages such as: <ul style="list-style-type: none"> Sweetened condensed milk Imitation or substitute milks (such as inadequately or unfortified rice- or soy-based beverages, non-dairy creamers), or other “homemade concoctions.” 										X		
425b	Routine use of sugar-containing beverages: <ul style="list-style-type: none"> Soda/soft drinks Gelatin water Corn syrup solutions Sweetened tea 										X		
425c	Routinely using nursing bottles, cups, or pacifiers improperly. <ul style="list-style-type: none"> Using a bottle beyond 14 months of age Other inappropriate use of bottle or cup: <ul style="list-style-type: none"> Using a bottle to feed fruit juice, diluted cereal or other solid foods. Allowing child to fall asleep or be put to bed with a bottle at naps or bedtime. Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. Allowing a child to carry around and drink throughout the day from a covered or training cup. 										X		

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
425d	Feeding practices disregard developmental needs: <ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding cues for hunger and satiety (e.g., forcing child to eat a certain type and/or amount of food or beverage or ignoring a child's hunger cues). • Feeding foods of inappropriate consistency, size or shape that puts child at risk of choking. • Not supporting a child's need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding a child foods with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when child is ready and capable of eating mashed, chopped or appropriate finger foods.) 										X		
425e	Potentially contaminated foods: Feeding foods to a child that could be contaminated with harmful microorganisms including— <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juice; • Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese; • Raw or undercooked meat, fish, poultry, or eggs; • Raw vegetable sprouts (alfalfa, clover, bean, radish); and • Deli meats, hot dogs, and processed meats (must be heated until steaming hot to be safe). 										X		

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
425f	Diet very low in calories or essential nutrients: <ul style="list-style-type: none"> • Vegan diet • Macrobiotic diet • Other diets very low in calories or essential nutrients. 										X		
425g	Potentially harmful dietary supplements: Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences: <ul style="list-style-type: none"> • Single or multi-vitamins • Mineral supplements • Herbal or botanical supplements, remedies, and teas 										X		
425h	Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements. <ul style="list-style-type: none"> • Inadequate fluoride intake: <ul style="list-style-type: none"> – Children <36 months ingesting <0.25 mg fluoride/day when the water supply contains <0.3 ppm fluoride – Children 36-60 months ingesting <0.50 mg fluoride/day when the water supply contains <0.3 ppm fluoride • Inadequate vitamin D intake: Any child ingesting <1 quart (32 oz.) per day of vitamin D-fortified milk or formula <u>and</u> not taking a supplement of 400 IU vitamin D/day. 										X		
425i	Pica: Routine ingestion of non-food items including: <ul style="list-style-type: none"> • Ashes • Carpet fibers • Cigarettes & cigarette butts • Clay • Dust • Foam rubber • Paint chips • Soil • Starch (laundry and cornstarch) 										X		

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
427	Inappropriate nutrition practices for women: Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. Includes the following practices:												
427a	Potentially harmful dietary supplements: Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: <ul style="list-style-type: none"> • Single or multiple vitamins • Mineral supplements • Herbal or botanical supplements, remedies and teas 		X			X							X
427b	Diet very low in calories or essential nutrients: Consuming a diet very low in calories and/or essential nutrients/ or impaired caloric intake or absorption of essential nutrients following bariatric surgery. Examples include: <ul style="list-style-type: none"> • Strict vegan diet • Low-carbohydrate, high-protein diet • Macrobiotic diet • Any other diet restricting calories and/or essential nutrients 		X			X							X
427c	Pica: Compulsively ingesting non-food items including: <ul style="list-style-type: none"> • Ashes • Baking soda • Burnt matches • Carpet fibers • Chalk • Cigarettes • Clay • Dust • Large quantities of ice and/or freezer frost • Paint chips • Soil • Starch (laundry and cornstarch) 		X			X							X

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
427d	Inadequate vitamin/mineral supplementation recognized as essential by national public health policy. <ul style="list-style-type: none"> • Inadequate folic acid intake: Consumption of <400 mcg of synthetic folic acid from fortified foods and/or supplements daily. • Inadequate iron supplementation: Pregnant woman consuming <27 mg of iron/day as a supplement. • Inadequate iodine intake: Pregnant or breastfeeding woman consuming less than 150 ug of supplemental iodine per day. 		X			X							X
427e	Potentially harmful foods: Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms including— <ul style="list-style-type: none"> • Raw fish or shellfish, including oysters, clams, mussels, and scallops; • Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole; • Raw or undercooked meat or poultry; • Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot; • Refrigerated pâté or meat spreads; • Unpasteurized milk or foods containing it; • Soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk; • Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; • Raw sprouts (alfalfa, clover, radish); • Unpasteurized fruit or vegetable juices. 		X										

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
428	<p>Dietary risk associated with complementary feeding practices: An infant of child who has begun to or is expected to begin to 1) consume complementary foods and beverages, 2) eat independently, 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>, is at risk of inappropriate complementary feeding.</p> <p><u>Infants 4-11 months —</u></p> <ul style="list-style-type: none"> Risk may be assigned when a complete nutrition assessment has been done, including 411/inappropriate nutrition practices for infants. <p><u>Children 12-23 months —</u></p> <ul style="list-style-type: none"> Risk may be assigned when a complete nutrition assessment has been done, including 425/inappropriate nutrition practices for children. <p><u>Note:</u> This risk may be used with other medical and dietary risk criteria. It may also be used by itself as long as a complete nutrition assessment was done before assigning the risk.</p>								X Only 4-11 mo		X Only 12-23 mo		
501	<p>Possibility of regression: A participant who has previously been certified eligible for WIC may be considered to be at nutritional risk in the next certification period if the CPA determines there is a possibility of regression in nutritional status without the benefits that WIC provides.</p> <p><u>Note:</u> See Policy 215.60 for more information about using this risk.</p>			X		X	X		X	X	X		X

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
502	Out-of-state transfer, risk unknown: Person with valid VOC document from another state, specific nutrition risk unknown.	X	X	X	X	X	X	X	X	X	X	X	X
503	Presumptive eligibility for pregnant women (precertified): A pregnant woman who meets WIC income eligibility standards but has not yet been evaluated for nutrition risk.		X										
601	Breastfeeding mother of infant at nutritional risk: A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.												
601A	Breastfeeding mother of Priority I infant	X		X									
601B	Breastfeeding mother of Priority 2 infant				X								
601D	Breastfeeding mother of Priority IV infant		X			X							
602	Breastfeeding complications/mother: A breastfeeding mother with any of the following complications or potential complications for breastfeeding:												
602a	Severe breast engorgement	X		X									
602b	Recurrent plugged ducts	X		X									
602c	Mastitis (fever or flu-like symptoms with localized breast tenderness)	X		X									
602d	Flat or inverted nipples	X		X									
602e	Cracked, bleeding or severely sore nipples	X		X									
602f	Age ≥40 years	X		X									
602g	Failure of milk to come in by 4 days postpartum,=	X		X									
602h	Tandem nursing (breastfeeding two siblings who are not twins)	X		X									
603	Breastfeeding complications/infant: A breastfed infant with any of the following complications or potential complications for breastfeeding:												
603a	Jaundice						X						
603b	Weak or ineffective suck						X						
603c	Difficulty latching onto mother's breast						X						
603d	Inadequate stooling (for age, as determined by a physician or other health care professional), and/or <6 wet diapers/day						X						

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
701	Mother on WIC while pregnant or mother not on WIC but was at nutrition risk: An infant <6 months of age whose mother was a WIC participant during pregnancy OR whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related <u>medical</u> conditions. <u>Note:</u> Medical conditions do not include dietary risks.							X <6 mo					
702	Breastfeeding infant of mother at nutritional risk: Breastfeeding infant of woman at nutritional risk.												
702a	Breastfed infant of mother at nutrition risk Priority I						X						
702b	Breastfed infant of mother at nutrition risk Priority II							X					
702d	Breastfed infant of mother at nutrition risk Priority IV								X				
703	Infant born of a mother with mental retardation or alcohol or drug abuse (defined as any use) during pregnancy: Diagnosed by a physician or psychologist as self-reported by the applicant/caregiver; or as reported or documented by a physician, psychologist or someone working under physician's orders; or documented or self-report of any use of alcohol or illegal drugs during most recent pregnancy. The latter includes reports of alcohol or drug use from primary caregivers such as the infant's guardian, foster parents, or adoptive parents.						X						

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
801	Homelessness: Lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: <ul style="list-style-type: none"> • A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; • An institution that provides a temporary resident for individuals intended to be institutionalized; • A temporary accommodation of not more than 365 days in the residence of another individual; or • A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. 		X			X			X		X		X
802	Migrant status: Member of a family which contains at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 mo., and who establishes, for the purposes of such employment, a temporary abode.		X			X			X		X		X

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
901	Recipient of abuse/neglect: <ul style="list-style-type: none"> Battering or child abuse/neglect within past 6 months as self-reported or as documented by a social workers, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel. Battering refers to violent physical assaults on women. Child abuse/neglect refers to any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker. 		X			X			X		X		X
902	Woman or infant/child whose primary caregiver has limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are: <ul style="list-style-type: none"> ≤17 years of age, Mentally disabled/delayed and/or have a mental illness such as clinical depression, Physically disabled to a degree which restricts or limited food preparation abilities, Currently using or having a history of abusing alcohol or other drugs, or Birth mother with diagnosed postpartum depression. <p><u>Note:</u> The primary caregiver is defined as the person responsible for taking care of the infant/child and for making the feeding decisions or preparing meals in that household. This person is not necessarily the mother, guardian or adoptive parent of that infant/child.</p>		X			X			X		X		X

USDA Code	Definition	Pregnant		Breastfeeding			Infants			Children		Postpartum	
		I	IV	I	II	IV	I	II	IV	III	V	III	VI
903	Foster care: Entering the foster care system during the previous 6 mo. OR moving from one foster care home to another foster care home during the previous 6 mo.		X			X			X		X		X
904	Exposure to environmental tobacco smoke: Exposure to smoke from tobacco products inside the home	X		X			X			X			X